

Application for Admission to Degree
Candidacy: Sarah Karnish



To the Dean, College of Graduate Health Sciences:

I, Sarah Karnish, hereby apply for admission to degree candidacy for the M.D.S. degree in the Dental Sciences program. I present the attached transcript that indicates I have met the requirements for the degree candidacy.

Signature of applicant: _____ **Date:** _____

We certify that the candidate has completed **all of the required courses** for the M.D.S. degree in the Dental Sciences program.

Application approved:

Program Director

Track Director (if applicable)

Dean

Date admitted to Candidacy

Faculty Committee Signatures:

Martha Wells (Advisor) **Date:** _____

James F Simon **Date:** _____

Antheunis Versluis **Date:** _____

Darane Versluis **Date:** _____

CGHS address: College of Graduate Health Sciences, The University of Tennessee Health Science Center, 920 Madison, Suite 807, Memphis, TN 38163 Voice: 901-448-5538